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<u>_</u>	Complete if Known					
म		Application Number	Substitute for form 1449A/PTO			
50		Filing Date	INFORMATION DISCLOSURE			
	Mike May	First Named Inventor	STATEMENT BY APPLICANT			
2		Group Art Unit	(use as many sheets as necessary)			
8		Examiner Name				
Ħ	SIG000049	Attorney Docket Number	2	of	1	Sheet

Examiner Initials •	Cite No.1	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant
		Number	Kind Code 2 (if known)			Passages or Relevant Figures Appear
ATL	1	5,920,575		Gregor et al.	7/6/99	
AL	2	4,940,904		Lin	7/10/90	
AU	3	4,692,633		Ngai et al	9/8/87	

	Cite No.1	Foreign Patent Document			TENT DOCUMENTS  Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Passages Lines, Where Relevant or Relevant Figures Appear	<b>⊤</b> 6
		Office 3	Number 4	Kind Code 5 (if known)			, igaics rippedi	
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Examiner	1 1 11 1	Date	4/26/01	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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PTO/SB/08A (10-96)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Complete if Known Substitute for form 1449A/PTO **Application Number** INFORMATION DISCLOSURE **Filing Date** STATEMENT BY APPLICANT First Named Inventor Mike May (use as many sheets as necessary) Group Art Unit **Examiner Name** Sheet of Attorney Docket Number 2 2 SJG000049 Cite Include name of author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, Examiner journal, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published Initials No.1 MIKE MAY, Edge Sensitive Detection Circuit Examiner Date Signature Considered \*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applical 1 Unique citation designation number. 2 Applicant is to place a check mark here if English language Translation is attached Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Opief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.